

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

THME IN	50 TIME PUT 20
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NEXT ROUTINE INS		RIOD OF TIME AS MA			WRITING	BY THE RE	GULATORY AUTHORITY FAILURE TO C DD OPERATIONS.			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IT ESTABLISHMENT NAME: OWNER:					D. THOIN O	. 1001(100	PERSON IN CHARGE:			
ADDRESS: 720 M Martin				COUNTY SISSIPPO						
1500 PIOUNE (1509) V971-5750					FAX: P.H. PRIORITY: DH L					
BAKERY RESTAURAN	☐ C STORE ☐ CATERE	R DELI	. FOOD	☐ GI	ROCERY S VERN	STORE	☐ INSTITUTION☐ MOBILE VENDORS			
PURPOSE Pre-opening	Routine Follow-up	☐ Complaint ☐	Other							
FROZEN DESSERT Approved Disapproved Not Applicable PUBLIC			AL		R SUPPL MMUNIT	Υ	NON-COMMUNITY PRIVAT			
THE SECTION		RISK FACT	ORS ANI	DINTER	VENTION	vs.		- 3		
foodborne illness ou	utbreaks. Public health intervention	are control measures	to prevent	foodborne	e illness or	injury.	ontrol and Prevention as contributing factor			
IN OUT	Demonstration of Ki		cos	R Compliance IN OUT N/O-N/A			Proper cooking, time and temperature		R	
	and performs duties Employee He	alth			IN OUT NO NA		Proper reheating procedures for hot holding			
IN OUT	Management awareness; policy Proper use of reporting, restriction	on and exclusion		IN OUT NO NA		N/A Prope	Proper cooling time and temperatures Proper hot holding temperatures			
IN OUT N/O	Good Hygienic Pr Proper eating, tasting, drinking of	or tobacco use		IN OUT N/A		N/A Prope	er cold holding temperatures er date marking and disposition			
No discharge from eyes, nose a				IN O	IN OUT NO N/A		as a public health control (procedures / ds)			
IN OUT N/O	Preventing Contaminate Hands clean and properly wash) (n	(IN O	IN OUT N/A		Consumer Advisory Consumer advisory provided for raw or			
IN OUT N/O No bare hand contact with read				02			rcooked food Highly Susceptible Populations	1		
approved alternate method prop N OUT Adequate handwashing facilities accessible				(IN) O	(IN) OUT N/O N/A		eurized foods used, prohibited foods not			
Approved Sou				INCOUT N/A Fo			additives: approved and properly used			
IN OUT N/O N/A Food received at proper temperature.				TIN OUT TO			substances properly identified, stored and			
IN OUT N/O N/A Required records available: she				IN C	IN OUT (N/A) Com		onformance with Approved Procedures bliance with approved Specialized Process MACCP plan			
destruction Protection from Contamination				The le	etter to the	**	tem indicates that item's status at the time	of the		
IN OUT N/A Food separated and protected IN OUT N/A Food-contact surfaces cleaned & sanit		& sanitized	sanitized ins			inspection. IN = in compliance OUT = not in compliance				
IN OUT N/O Proper disposition of returned, preconditioned, and unsafe food		N/A = not app conserved, COS = Correct					N/O = not observed R = Repeat Item			
		THE RESERVE TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	D RETAIL	STREET, SQUARE PROPERTY.						
IN OUT	Good Retail Practices are preven Safe Food and Water		COS R		OUT OUT	ns, chemicals	Proper Use of Utensils	COS	R	
	asteurized eggs used where required atter and ice from approved source			X			properly stored ment and linens: properly stored, dried,			
	Food Temperature Con	trol		X	ha	ndled	le-service articles: properly stored, used			
	Adequate equipment for temperature control			X		oves used pr	operly			
	Approved thawing methods used Thermometers provided and accurate					od and nonfo	nsils, Equipment and Vending pod-contact surfaces cleanable, properly			
	Food Identification	NE Call Market		X	Wa	arewashing f	tructed, and used acilities: installed, maintained, used; test			
K Fo	ood properly labeled; original containe					rips used onfood-contac	ct surfaces clean			
Y In	Prevention of Food Contamination sects, rodents, and animals not present			X	Physical Facilities Hot and cold water available; adequate pressure			-		
✓ Co	contamination prevented during food preparation, storage			X			lled; proper backflow devices			
and display Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X	Se	ewage and w	astewater properly disposed				
Wiping cloths: properly used and stored Fruits and vegetables washed before use			X			properly constructed, supplied, cleaned properly disposed; facilities maintained				
		10 2 2 2	1				es installed, maintained, and clean	1-		
Person in Charge /Title Date: Inspector: Telephone No. EPHS No. Follow-up: Yes Date No. No. Pollow-up: Date Date										
MO 580-1814 (11-14)	ue maic	DISTRIBUTION; WHITE -	5-100-	5 dl	I /(RY - FILE COPY	Follow-up Date:	33	E6,37	



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TIMEIN: 50	TIMEOUTO
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ESTABLISHMENT NAME		ADDRESS 0	1 Martin El	15+ Prairie	21P 3840	2
1	DD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/ LOC/	ATION	TEMP.	
AAO	770 Male has care	4000				
AASIN	all make the coole	35°F				
Code Reference	Priority items contribute directly to the elin or injury. These Items MUST RECEIVE I	nination, prevention or redu	ITY ITEMS uction to an acceptable level, hazards associa in 72 hours or as stated.	led with foodborne illness	Correct by Initia (date)	al .
3-201,	12 Racon II	walkin	Cooler is bely	a Stored	11-16	
	Mahon	food gra	ade contane			
4-1001		yond r	Make line Coo	ler	11-16	
		O				
Code Reference	Core items relate to general sanitation, op	erational controls, facilities	E ITEMS r or structures, equipment design, general ma	intenance or sanitation	Correct by Initial (date)	Į,
0-501,	standard operating procedures (SSOPs).	These Items are to be co	precised by the next regular inspection or a	s stated.	12-19	
727	hot smooth	and las	my cleanable			- 10
3-506.,	Cooler Ego	ing Store	nions being sta	red on flux	12-19	
6-501.	I Floors und	v equip	ment and arou	nd	12-19	
	That greas	e builo	lup.	oris and		
4-401.1	and food duk	build up	other of Coulers.	equipment	12-19	
4-202	.15 Side like	nor door	doesn't proper	yseal	12-19	
H-ION I	L Dalla Daglas	or my of	JUSTS,	1	10 0	
PISC	ussed arease		OVIDED OR COMMENTS	ebos.	1d-M	
and	done dread	Siscuste.	Pegt Control,			2
Person in Ch Inspector:	arge /Title:	Telephone	No.2-219 EPHS No.7	Follow-up: Date:	7033 Yes 0 No	2
MO 580-1814 (11-14	A THUNDER	DISTRIBUTION: WHITE - OWNER	S COPY CANARY - FILE COPY	1 Ollow-up Date.	//-// - F630	7A